



Continuing Education for
New Jersey Licensed
Health Officials

SAMPLE

**Special Course Attendance Registration for
HO and REHS Licensees Seeking Contact
Hours ONLY**

**New Jersey Department of Health and Senior Services
Office of Local Health - Education, Training & Licensure Program**

This document, or a similar record is required to be used as the official course registration record for ONLY the health officer and registered environmental health specialist licensees who, at the time of registration, declare their intention to seek a certificate of contact hours upon completion of the course. Upon successful course completion, the registrar must indicate those licensees who were given certificates by placing a check in the box on the right. A copy of this record course must be provided to the Office of Local Health; the original record is maintained by the course sponsor.

RECORD OF ATTENDANCE

Course Name _____ Date of Course ____/____/____

Registrar Name _____ Proctor Signature _____

Course Number ____ - ____

Health Official License I.D. #	Name (Print)	Signature	Title	Address Company/Dept., Street, City, Zip	For Use by Registrar

Registrar Name: _____ Registrar Phone: (____) _____

As course registrar, I certify that the health officer and registered environmental health specialist licensees above have attended this course. If have placed a check next to those licensees names who have completed the course and to whom I have provided a certificate of attendance.

Signed _____ Dated: ____/____/____

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